

## DECLARATION OF PUERTO RICO COVERED EARNINGS FORM

This form must be submitted to the AFTRA Retirement Fund if you, the performer, reside in Puerto Rico or have AFTRA-covered earnings from working in Puerto Rico. Puerto Rico requires that contributions, submitted on behalf of participants residing in or working in Puerto Rico, be made to a plan qualified under the Puerto Rico tax code. These earnings should be identified to the AFTRA Retirement Fund.

The following participants must identify their Puerto Rico covered earnings:

- (1) participants of the AFTRA Retirement Fund who are Puerto Rico residents and have covered earnings (regardless of whether some work was performed in the U.S.); **or**
- (2) participants of the AFTRA Retirement Fund who are U.S. residents and who perform work in Puerto Rico (unless, during a tax year, they had less than \$3,000 in covered earnings, worked in Puerto Rico for 90 days or less, and were not employed by or under contract with an individual, partnership, or corporation that is engaged in a trade or business in Puerto Rico).

To expedite this identification process, please provide all items of information indicated below. If you need more space than allowed for any item, please attach additional sheets of paper. Return this completed form along with any additional documentation to:

**AFTRA Retirement Fund**  
**Attn: Operations Department**  
**261 Madison Ave., 7<sup>th</sup> Floor**  
**New York, NY 10016**

You may also submit a copy of this form to the AFTRA Retirement Fund by email to [earnings@aftraretirement.org](mailto:earnings@aftraretirement.org) or by fax to (212) 499-4973. To update or confirm your current Puerto Rico home address, please fill out the "*Puerto Rico Address Update*" section on the reverse side of this form.

- Legal Name \_\_\_\_\_
- Social Security Number *or* AFTRA Retirement Fund No: \_\_\_\_\_

PERFORMANCE DATE	EMPLOYER	AFTRA-COVERED EARNINGS

**Additional Information**

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## PUERTO RICO ADDRESS UPDATE

If you are a participant in the AFTRA Retirement Plan, and reside in Puerto Rico, you must confirm that the AFTRA Retirement Fund has a record of your current Puerto Rico home address to ensure compliance with the Puerto Rico tax code.

The AFTRA Retirement Fund intends to be a dual-qualified plan under both the U.S. and Puerto Rico tax codes. This means that in addition to the U.S. tax code, the AFTRA Retirement Fund must comply with the Puerto Rico tax code's requirements concerning employer contributions made on your behalf. The AFTRA Retirement Fund must also comply with the Puerto Rico tax code's requirements concerning withholding of Puerto Rico income tax and related reporting requirements when making pension payments.

To ensure that the AFTRA Retirement Fund is in full compliance with the U.S. and Puerto Rico tax codes, please make sure to update or confirm your current Puerto Rico home address by completing the information below:

Name \_\_\_\_\_

Social Security Number *or* AFTRA Retirement Fund No. \_\_\_\_\_

c/o (if applicable) \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP Code \_\_\_\_\_

Please sign and date this form below and return to:

**AFTRA Retirement Fund**  
**Attn: Operations Department**  
**261 Madison Ave., 7<sup>th</sup> Floor**  
**New York, NY 10016**

You may also submit a completed copy of this form to the AFTRA Retirement Fund by email to [memberupdate@aftraretirement.org](mailto:memberupdate@aftraretirement.org) or by fax to (212) 499-4973. If you need a blank or clean copy of this form, a .PDF is available for download at [www.aftraretirement.org](http://www.aftraretirement.org) ("Forms" | "General forms").

It is very important that Puerto Rico residents provide their Puerto Rico home address and not merely the address of an agent or another location outside of Puerto Rico. If you are unsure of the address you have on file with the AFTRA Retirement Fund, you may call us at **(800) 562-4690 (option 2)** to confirm before submitting this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date